



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING COVID-19 DURING PREGNANCY AND CHILDBIRTH AMONG B.SC (NURSING) STUDENTS IN SELECTED COLLEGE AT VIRUDHUNAGAR

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ABSTRACT

Background: Pregnant women do not seem to be at higher risk of getting SARS-CoV-2, the virus that causes COVID-19. However, studies have shown an increased risk of developing severe COVID-19 if they are infected, compared with non-pregnant women. COVID-19 during pregnancy has also been associated with an increased likelihood of preterm birth. **Objectives:** To assess the level of knowledge regarding pregnancy and childbirth during COVID-19 among B.Sc (Nursing) students. **Methods:** It was a descriptive study conducted at V.V.Vanniaperumal Nursing College for women in Virudhunagar. The tool consists of Self-structured knowledge questionnaire and it was used to assess the level of knowledge. Quantitative research design and purposive sampling technique was used in this study. **Results:** It revealed that 95% of B.Sc (Nursing) students had moderately adequate knowledge, 4% of B.Sc (Nursing) students had inadequate knowledge, and 1% of B.Sc (Nursing) students had adequate knowledge. **Conclusion:** Pregnancy is not much affected by the disease itself but complications may arise in absence of timely care and caution. Both the expecting mother and care-provider should be vigilant and the routine obstetric management should not be delayed due to testing or reports of COVID-19 infection. The study emphasized the need for effective in-service education on pregnancy and child birth during COVID-19.

KEY WORDS: Pregnancy and Child Birth During Covid 19, B.sc (N) Students.

INTRODUCTION:

Corona virus is a large family of viruses that can cause disease from mild to severe symptoms. COVID-19 attacks people of all ages including vulnerable groups such as pregnant women. Number of previous researches on the corona virus, stated that pregnant women have a higher risk of severe disease, morbidity and mortality compared to the general population. Maternal and child healthcare services are of paramount importance for public healthcare delivery systems, especially in low- and middle-income countries. Thousands of women in India die every year due to pregnancy and childbirth-related complications while a significant number of children suffer from vaccine-preventable diseases. Current maternal mortality ratio (MMR) in India is 113 per 100000 live births and the infant mortality rate (IMR) in India is 32 per 1000 live births. Well-designed, proper and timely availability of antenatal care (ANC) services, delivery services, and postpartum care along with infant care and mandatory immunizations form a circle of improved maternal and child health. Disruption at any step might lead to adverse outcomes.

Pregnant women should continue visiting their consulting physician or maternity center if they are not in any containment zone. They should wear mask while attending the clinic and should keep physical contact with the objects and persons to a minimum. Any women coming for antenatal check-up or otherwise having suspicion or confirmation of COVID-19 should be examined by healthcare worker after wearing full personal protective equipment.

Pregnant women with COVID-19-positivity should be treated for fever, pain, or coughing; in more severe illness, hospitalization should be recommended. There is currently no evidence to favour vaginal or caesarean delivery and therefore it should be discussed with the woman, taking into consideration her preferences and any obstetric indications for intervention. Mode of delivery should not be influenced by the presence of COVID-19, unless the woman's respiratory condition demands urgent intervention for birth.

World Health Organization recommended breastfeeding to the infant for all postpartum women irrespective of the COVID-19 status as the benefits of breast milk outweighs the risk of COVID-19 by the neonate. Despite the ability of SARS-CoV-2 to vertically transmit from infected mother to child and its presence in the breast milk of infected women, special precautions are always required to minimize the cross-infection of surrounding people, such as relatives, friends, and healthcare providers. With this in mind, this study assesses the knowledge regarding covid-19 during pregnancy and child birth among B.sc (nursing) students in selected college.

NEED FOR THE STUDY:

COVID-19 becomes serious attention in public health after being recognized as the first case of corona virus disease 2019 in December 2019, in Wuhan, China; it has quickly spread globally, promoting the world health organization (WHO) to declare it a pandemic on 12 March 2020. As of 6 May 2020, the World Health Organization has reported 3,588,773 COVID-19 cases (including 2476,503

deaths) in more than 210 countries and regions. India reported its first COVID-19 case on 30 January 2020, in Kasaragod town in the state of Kerala and reported 49,391 cases (including 1,694 deaths) by 6 May 2020 nationwide lockdown was declared in India on 25 March 2020, which has been extended until 31 May 2020. The citizens were advised to stay at home and maintain social distancing.

In 2009, pregnant women accounted for 1% of patients infected with influenza A subtype H1N1 virus, but they accounted for 5% of all deaths (Rasmussen et al 2009). Alfaraja 2019, SARS-CoV and MERS-CoV are both known to be responsible for severe complications during pregnancy.

According to 2016 World Health Organization reports, an estimated 303,000 women died from pregnancy-related complications and within the first month of life, around 2.7 million newborns died due to COVID-19. Among these deaths, 2.6 million were stillborn. Studies show that providing quality health care during pregnancy and childbirth can prevent many of these deaths. The World Health Organization has proposed a minimum of eight contacts for Antenatal care; such an increased number of contacts can decrease perinatal deaths by up to 8 per 1,000 births when compared to a minimum of four visits.

During this COVID-19 pandemic, World Health Organization recommended six in-person visits and two virtual visits (3rd and 4th) to reduce the number of times the patient needs to travel and attend hospital/clinics. Using strategies like the involvement of Community health workers, utilizing mobile healthcare service, and taking advantage of mass media communication on identifying the danger signs during pregnancy could partly mitigate the challenge less in-person visits and more online consultations are used in many places to provide Antenatal care during the ongoing COVID-19 pandemic, with encouraging feedback from both care recipients and providers.

STATEMENT OF THE PROBLEM:

A Descriptive study to assess the knowledge regarding COVID-19 during pregnancy and child birth among B.sc (Nursing) students in selected college at Virudhunagar.

OBJECTIVES:

- To assess the level of knowledge regarding COVID-19 during pregnancy and child birth among B.Sc (Nursing) students.
- To associate the knowledge regarding COVID-19 during pregnancy and child birth with selected demographic variables.

HYPOTHESIS:

There will be a statistically significant association between knowledge regarding COVID-19 during pregnancy and childbirth with selected demographic variables like age, education, type of family, source of information and place of residence.

Delimitation:

- This study is delimited to only V.V.Vanniaperumal Nursing College for Women, Virudhunagar.
- This study is delimited to only III Year and IV year B.Sc (Nursing) students.
- The data collection period is only for one week.

METHODOLOGY:

Quantitative research approach with Non-Experimental descriptive research design was used in this study. The sample of the present study was III year & IV Year students those who are studying B.Sc (Nursing) in V.V.Vanniaperumal Nursing College for Women at Virudhunagar. The study conducted for a period of one week. 78 samples were selected through purposive sampling technique on the basis of selection criteria. After that the investigator collected the demographic data from nursing students. Self-Structured knowledge questionnaire were used to assess the knowledge regarding pregnancy and child birth during COVID-19 among B.Sc (Nursing) students. The questionnaire consists of 25 multiple choice questions. The data were collected, tabulated and analyzed by using statistical method based on objectives. Descriptive and inferential statistics were used to analyze the data.

DATA ANALYSIS AND INTERPRETATION:

Table 1: Distribution of subjects based on the level of knowledge

N = 78

SI. NO	Level of knowledge	Frequency	Percentage
1	Adequate	3	4
2	Moderately adequate	74	95
3	Inadequate	1	1

Out of 78 samples 4% of students had adequate knowledge, 95% of students had moderately adequate knowledge and 1% of students had inadequate knowledge about pregnancy and child birth during COVID-19.

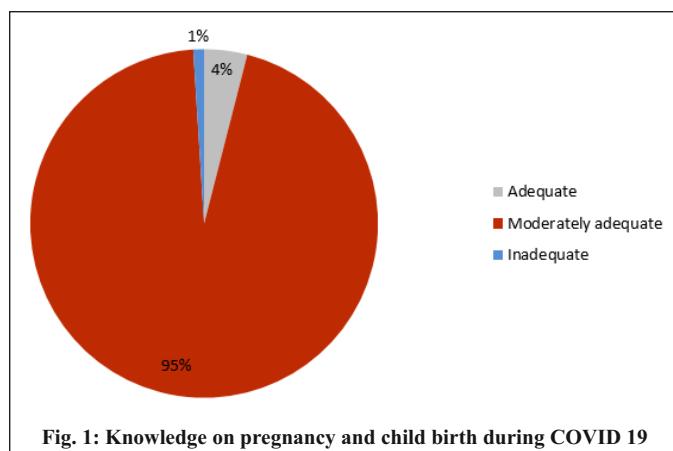


Fig. 1: Knowledge on pregnancy and child birth during COVID 19

Association of knowledge with demographic variables:

There was a statistically significant association between knowledge and Age (19.88*) types of family (12.46*) and there was no statistically significant association between knowledge and education (10.34#), source of information (3.49#) and place of residence(5.28#).

CONCLUSION:

COVID 19 is a global public health emergency. The immune system is partially suppressed during pregnancy; pregnant women are more vulnerable to viral infections and their complications; thus COVID 19 pandemic might have serious consequences for pregnant women (Chen et al 2012), many challenges still exist for the obstetric care provider. Social distancing, prenatal care spacing and increased telehealth prenatal visits are recommended to keep patients and providers safe.

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